

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on March 28, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 97265, 97250, and 97110 for dates of service 7/16/02 and 8/28/02.

II. RATIONALE

- The respondent has submitted EOBs and payment screens for both dates of service in dispute. Per Rule 133.307(m)(1) the Commission has determined that payment has been made and reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 99213, 97265, 97250, and 97110.

The above Findings and Decision are hereby issued this 09th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf